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## APPLICANTS

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\*\* CONTINUING DATA *yes*\*\*\*\*\*

This application is a 371 of PCT/SE03/01225 07/18/2003

\*\* FOREIGN APPLICATIONS *yes*\*\*\*\*\*

SWEDEN 0202320-8 07/23/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Zia R. HASANI</i> <i>ue</i>	Examiner's Signature	Initials		

## ADDRESS

21839

## TITLE

Capillary tubing

<b>FILING FEE RECEIVED</b> 590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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